

APPLICATION FOR SIGN PERMIT

1. Must have drawings of a picture of the proposed sign showing size, color lettering etc.
2. If the sign is free standing - we need a Zoning Permit Application (\$15.00) and Plot Plan or Site Plan showing where the sign will be installed.
3. If the sign is illuminated, an Electrical Permit Application is required with the sign application.
4. If the sign is temporary, (banners etc.) then the dates need to be included In the Description of Work
Banners can only be up 20 days in a one-year period. It can be 20 days at one time or split up.
Charge \$15.00 for temporary signs.
1. No license is needed for installer, only for electrical.

APPLICATION FOR SIGN PERMIT

TOWN OF NEWINGTON, 131 CEDAR STREET, NEWINGTON, CT 06111

Telephone (860) 665-8580 Fax: (860) 665-8577 - Building Department

LOCATION OF SIGN(S) _____

BUILDING FRONTAGE ON _____ FT. _____

SIGN CONTRACTOR _____ TELEPHONE NO. _____

CONTRACTOR'S ADDRESS _____ STATE REG. NO. _____

OWNER'S NAME _____ TELEPHONE NO. _____

OWNER'S ADDRESS _____

TOTAL VALUE OF WORK TO BE PERFORMED \$ _____

DESCRIPTION OF WORK TO BE PERFORMED (SIGN MATERIAL & WORDING) (BE SPECIFIC)

NUMBER OF SIGN(S) REQUESTED _____ TOTAL AREA OF SIGN(S) REQUESTED _____

TYPE OF SIGN:

Wall ☐ Free standing ☐ Marquee ☐ Projection ☐ Roof ☐ Temporary ☐
Banner ☐ Construction ☐ Real Estate ☐ Awning ☐ Other ☐

DIMENSIONS: 1ST SIGN _____ 2ND SIGN _____ 3RD SIGN _____

TOTAL SIGN AREA: 1ST SIGN _____ 2ND SIGN _____ 3RD SIGN _____

SIGN(S) IS: ☐ Illuminated ☐ Non-Illuminated

SIGN ACTIONS REQUESTED :

☐ Erect ☐ Recondition ☐ Repair ☐ Remove ☐ Relocate

TPZ/ZBA APPROVAL: _____ DATE: _____

REMARKS: _____

PLANS: The Business owner or his authorized agent shall submit 2 copies of construction plans (with site location plan) for the sign to be erected, showing all dimension, material and height. **Electrical permit application for illuminated signs, signed by the electrician with a copy of his/her license attached shall be submitted with the sign permit application.**

SIGNED: _____
(applicant) (date) (telephone no.)

Please print name _____

PERMIT FEE \$ _____

RECEIVED BY: _____

ZONING FEE \$ _____

DATE: _____

TOTAL PAID \$ _____

PERMIT NO. _____

APPROVED BY _____

APPROVED BY: _____

DATE: _____

DATE: _____